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CONFIRMATION NO. 5944

<b>SERIAL NUMBER</b> 10/063,123	<b>FILING OR 371(c) DATE</b> 03/22/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3694	<b>ATTORNEY DOCKET NO.</b> 201-0451 MS	
<b>APPLICANTS</b> James DeMaggio, Grosse Ile, MI; <i>ok sum</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/278,103 03/23/2001 and claims benefit of 60/278,205 03/23/2001 and claims benefit of 60/278,206 03/23/2001 and claims benefit of 60/278,207 03/23/2001 and claims benefit of 60/278,209 03/23/2001					
<b>** FOREIGN APPLICATIONS *****</b> <i>none sum</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/28/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Examiner's Signature</i> Acknowledged <i>Initials</i>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 51 19	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 28395					
<b>TITLE</b> Method and system for managing carrier operations					
<b>FILING FEE RECEIVED</b> 1466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		